

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/180657**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		3					56						
7		3					57						
8		3					58						
9		20					59						
10		20					60						
11		20					61						
12		10					62						
13		10					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		10					72						
23		10					73						
24		10					74						
25		10					75						
26		30					76						
27		30					77						
28		30					78						
29		30					79						
30	1						80						
31		1					81						
32		1					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		10					87						
38		10					88						
39		10					89						
40		10					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45		10					95						
46		10					96						
47		10					97						
48		10					98						
49		10					99						
50		10					100						
TOTAL IND.	2						TOTAL IND.	2					
TOTAL DEP.		74					TOTAL DEP.		59				
TOTAL CLAIMS	25	70					TOTAL CLAIMS	61					